STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295083	A. BUILDING _____ B. WING _____	C 03/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEIGHTS OF SUMMERLIN, LLC	10550 PARK RUN DRIVE LAS VEGAS, NV 89144

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of complaint investigations conducted in your facility on 3/5/15, in accordance with 42 Code of Federal Regulation Chapter IV, Part 483 - Requirements for Long Term Care Facilities. The census at the time of the survey was 183 The sample size was one resident. Complaint #NV00041917 - The complaint contained one allegation. The complaint investigative process was initiated by the Bureau of Health Care Quality and Compliance on 3/5/15. Allegation: The attending Physician was not notified of laboratory results was substantiated. (See Tag F 505). The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	F 000	F000 This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because The Heights of Summerlin, LLC agrees with the allegations and citations listed on the statement of deficiencies The Heights of Summerlin, LLC maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as The Heights of Summerlin, LLC's written credible allegation of compliance. By submitting this plan of correction, The Heights of Summerlin, LLC does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation or position, and The Heights of Summerlin, LLC reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.	
F 505 SS=D	483.75(j)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS The facility must promptly notify the attending physician of the findings.	F 505		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — Administrator — TITLE — 3/19/2015 — (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

RECEIVED
MAR 20 2015
BUREAU OF HEALTHCARE QUALITY & COMPLIANCE LAS VEGAS, NV

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F 505	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview, clinical record review and documented review, the facility failed to ensure a Physician was promptly notified of laboratory results and cancellation of laboratory tests that were ordered. Findings included: Resident #1 Resident #1 was admitted on 2/26/14, with diagnoses including transient ischemic attack, history of cerebral vascular accident, hypertension and urinary tract infection. Resident #1's clinical record revealed a laboratory order dated 2/28/14, for Factor V Leiden, protein C and S, anti-thrombin III, prothrombin G 20210 A mutation, lupus anticoagulant, homocysteine and anti-cardiolipin antibodies. The test were performed by an outsourced laboratory. Laboratory report from the outsourced laboratory company printed on 3/7/14, documented the blood specimen was collected on 3/1/14 at 5:18 AM, and received at the laboratory at 8:50 AM the same day. The laboratory report consisted in four (4) pages which included the following documented results: - Cardio Homocystein: 15.4 micromol per litter (umol/L). Reference range 0.0 - 10.3 umol/L. - DRVVT (Dilute Russell's viper venom time, a laboratory test used for detection of lupus anticoagulant) screen: Test not performed. Specimen unsuitable for testing due to hemolysis. - Factor V mutation: mutation not detected.	F 505	**F505 (D) 483.75 Promptly Notify Physician of Lab Results** **What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** Resident #1 no longer resides at facility. **How will you identify other residents having the potential to be affected by the same practice:** Resident's who have labs drawn have the potential to be affected by the alleged deficient practice. Unit Managers will review lab requisition book to assure results have been received by facility, and if any are for residents that have discharged the Unit Manager will assure the attending physician has been notified.	

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F 505	Continued From page 2 - Cardiolipin ABS: result to follow. - Protein C and S: test canceled per client request. - Prothrombin Factor II mutation: mutation not detected. The laboratory report did not contain documention when the facility received the results, who received the report and if the attending Physician was notified. The report was faxed to the facility on 3/7/15, six (6) days after the blood specimen was obtained, received by the laboratory and after the resident was discharged. Post-Acute Progress Note Forms (Physician progress notes) dated 2/28/14, 3/4/14, 3/6/14 and 3/7/14, documented the work up for the hypercoagulable state test was pending. The documention indicated the attending Physician was waiting for the laboratory test results. On 3/6/14 at 11:44 AM, a Change of Order Request Form was faxed to the facility from the in-house laboratory company requesting a verification of the Physician order for protein C and S. The form did not documented the specimen was insufficient or was hemolyzed and had to be re-drawn. Resident #1's clinical record lacked documented evidence of the following: -The attending Physician was notified about the laboratory tests results. - The attending Physician was notified the DRVVT Screen test was not performed because the specimen was hemolyzed. - The attending Physician was notified the tests for protein C and S were cancelled.	F 505	**What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur:** Licensed Nurses will be in-serviced related to the protocol for assuring facility has received resident lab results and the subsequent notification of physician. **How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:** DON or designee will randomly audit lab requisition book on a weekly basis to assure that results have been received and reported to physician. Facility will monitor corrective action during the QAA meetings for the next 4 months to assure that the deficient practice will not recur. When results are in compliance, the facility will monitor at QAA quarterly. **Individual Responsible: DON** **Date of Completion: 4/15/2015**	

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F 505	Continued From page 3 - The result for Cardiolipin anti-bodies were reported to the facility and/or to the attending Physician. On 3/5/15 at 7:37 AM, the Director of Nursing (DON) explained the facility had a contract with a laboratory company to performed the laboratory tests for the residents. The DON indicated Charge Nurses received the results via fax. If any laboratory results had a critical result, a telephone call would be received from the laboratory company. The DON revealed the laboratory results that were within normal parameters were flagged in the clinical record for the Physician review. If results were critical, a telephone call notification should be done immediately to the attending Physician with the results. If a new order was received it would be documented in the laboratory report and/or in nurses notes. The DON verbalized if abnormal results laboratory were obtained after the resident was discharged, the attending Physician should be notified immediately. On 3/5/15 at 10:42 AM, a Health Insurance Case Manager explained if laboratory test results were obtained after the resident was discharge, the nurses were responsible to contact the physician and not the Case Manager. The Health Insurance Case Manager revealed it was not part of the Case Manager duties to review laboratory results after the patient was discharged. If the Case Manager was notified by nurses or a physician about abnormal results after the discharge, the Cases Manager would send the results to the Primary Care Physician to follow up. On 3/15/15 at 11:43 AM, the Laboratory Company's District Manager indicated the	F 505		

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F 505	Continued From page 4 outsourced laboratory company was used to process the tests ordered by the attending Physician. The Manager explained the protein C and S test were canceled by the outsourced laboratory due to insufficient specimen, but the issue was never communicated to the facility. The Manager verbalized it was a breakdown in the communication between the contracted laboratory, the facility and the outsourced laboratory. The Manager did not know why the outsourced laboratory took 6 days to report the results for Factor V Leaden, Homocysteine, antithrombin II and protombin factor II. Facility Policy entitled Laboratory Tracking, dated September 2003, read: "Upon receipt of Physician's order for lab, Charge Nurse will follow up by ordering lab and recording the request on a telephone order, MD's (doctor in Medicine) orders, nursing notes, CP (care plan) as indicated, and to the Laboratory Log... Upon return of lab results, MD will be notified, lab results will be placed in medical record and results documented on nursing notes and CP as indicated".	F 505		